Appendix no. 9.1



**National Directorate-General for Aliens Policing**

**Országos Idegenrendészeti Főigazgatóság**

**APPENDIX ”A”**

**Particulars of the applicant’s minor child travelling together with the applicant, indicated in the applicant’s passport**

|  |  |
| --- | --- |
| ***For completion by the authority.*****The authority receiving the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
|  **Date of receipt of the application:**

|  |
| --- |
|  \_\_\_\_\_\_ year \_\_\_\_\_\_ month \_\_\_\_ day |

 |   |  |   |
|  |   |  |  |
|  | Area designated for the placement of a facial photograph |  |
|  |  |  |
|  |  |  |  |  |
|   |   |   |
|   |   |  |
|   |   |  |
|   | [Handwritten signature specimen of the applicant (legal representative)] |   |
|   |  The signature must be inside the box in its entirety. |   |
|  |  |  |
| **Please complete the form legibly, In LATIN block letters.** |
| [ ]  **Issuance of a first residence permit:** Border crossing point as place of entry, date of entry:                ,       year       month       day [ ]  **Extension of a residence permit:** Document number of the residence permit, date of expiry:                ,       year       month       day |
| **1. Personal data of the minor child** |
|  surname (as shown in passport):                           |  forename (as shown in the passport):                           |
|  surname at birth:                                |  forename at birth:                                 |
| mother’s surname at birth:                           | mother’s forename at birth:                           |
|  sex: [ ]  male [ ]  female |  citizenship:                      |
| date of birth:       year       month       day |  place of birth (locality):                      |  country:                  |
|  **2. Particulars of the minor child’s place of accommodation in Hungary** |
| parcel identification/land register reference number (topographical LOT no.):       |  postal code:            |  locality:                 | name of the public place:                      |
| type of the public place (i.e. street, road, square, etc.):  |  street number:   |  building:   |  stairway:  |  floor:   |  door:   |
|  legal title of residence in the place of accommodation: [ ]  owner [ ]  (sub)tenant [ ]  family member [ ]  courtesy user of accommodation [ ]  other, specifically:            |
| **3. Other details** |
| **To your knowledge, does your child have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or is (s)he a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in his/her body?** [ ]  yes [ ]  no**If the child suffers from any of the diseases specified above, or if (s)he is contagious or a carrier of infectious disease pathogens, does (s)he receive compulsory and regular medical treatment with regard to the said diseases?** [ ]  yes [ ]  no |
| ***For completion by the authority.*****If the application is approved**I hereby approve the applicant’s residence in Hungary for the purpose of family reunification until \_\_\_\_\_\_year \_\_\_\_ month \_\_\_ day.Date: ......................................... Signature, stamp: .....................................................Document number of the residence permit handed over: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I received the residence permit.Date: ......................................... Signature of the applicant: ..........................................In case of extension, the document number of the residence permit withdrawn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If the application is refused**Number of the resolution on refusal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of refusal: \_\_\_\_\_\_ year \_\_\_\_\_ month \_\_\_ dayLegal basis of the refusal: |
| **If the procedure is terminated**The number of the decision of termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of the decision: \_\_\_\_\_\_ year \_\_\_\_\_ month \_\_\_ dayLegal basis of the decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |